

**WAC 246-976-550 Designation standards for facilities providing level II trauma care service--Administration and organization.**

A facility with a designated level II trauma care service shall have:

- (1)(a) Organization and direction by a general surgeon with special competence in care of the injured. The service may have as codirector another physician with special competence in care of the injured;
- (b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured;
- (c) A multidisciplinary trauma committee chaired by the trauma service director, with input to hospital management, including:
  - (i) An emergency physician;
  - (ii) An emergency department registered nurse;
  - (iii) A general surgeon with special competence in trauma care;
  - (iv) A neurosurgeon;
  - (v) An orthopaedic surgeon;
  - (vi) A pediatrician;
  - (vii) An anesthesiologist;
  - (viii) The physician director of the critical care service;
  - (ix) The trauma care service nurse coordinator;
  - (x) A critical care registered nurse; and
  - (xi) The trauma rehabilitation coordinator;
- (d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870;
- (e) A trauma team to provide initial evaluation, resuscitation and treatment.
  - (i) The team shall be organized and directed by a general surgeon with special competence in care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient;
  - (ii) All members of the team, except the surgeon and anesthesiologist, shall be available within five minutes of notification of team activation;
  - (iii) The team shall include:
    - (A) An emergency physician who is:
      - (I) Responsible for activating the team, using an approved method as defined in WAC 246-976-870; and
      - (II) Responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;
    - (B) A general surgeon on-call and available within twenty minutes of notification of team activation, who shall assume responsibility for patient care upon arrival in the resuscitation area;
  - (iv) The trauma care service shall identify all other members of the team;

- (f) Specific delineation of trauma surgery privileges by the medical staff.
- (2) An emergency department with written standards of care to ensure immediate and appropriate care for adult and pediatric trauma patients.
- (3) A surgery department, including:
  - (a) General surgery;
  - (b) A neurosurgical service. Coverage shall be available within five minutes of notification of team activation. In-house coverage shall be provided by:
    - (i) A neurosurgeon; or
    - (ii) A surgeon or other physician who has been judged competent by the neurosurgical consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; with a surgeon with neurosurgical privileges on-call and available within thirty minutes of notification of team activation;
  - (c) The following surgical services on-call and available within thirty minutes of request by the trauma team leader:
    - (i) Gynecologic surgery;
    - (ii) Hand surgery;
    - (iii) Obstetric surgery;
    - (iv) Ophthalmic surgery;
    - (v) Oral/maxillofacial or otorhinolaryngologic surgery;
    - (vi) Orthopaedic surgery;
    - (vii) Plastic surgery;
    - (viii) Thoracic surgery;
    - (ix) Urologic surgery; and
    - (x) Vascular surgery.
- (4) Nonsurgical specialties, including:
  - (a) Anesthesiology, with an anesthesiologist who ~~((is))~~:
    - (i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;
    - (ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886; and
    - (iii) Is on-call and available within twenty minutes of notification of team activation;
  - (b) A radiologist on-call and available for patient service within twenty minutes of notification of team activation; and
  - (c) The following services on-call and available for patient consultation or management:
    - (i) Cardiology;
    - (ii) Gastroenterology;

- (iii) Hematology;
- (iv) Infectious disease specialists;
- (v) Internal medicine;
- (vi) Nephrology;
- (vii) Neurology;
- (viii) Pathology;
- (ix) Pediatrics; and
- (x) Pulmonology.

(5) Written policy and procedures for access to ancillary services, including:

- (a) Chemical dependency services;
- (b) Child and adult protection services;
- (c) Clergy or pastoral care;
- (d) Nutritionist services;
- (e) Occupational therapy services;
- (f) Pharmacy;
- (g) Physical therapy services;
- (h) Rehabilitation services;
- (i) Social services; and
- (j) Speech therapy services.

(6) A pediatric trauma policy that:

- (a) Provides for initial stabilization and resuscitation of pediatric trauma patients, including emergency department and surgical interventions; and
- (b) If the facility is not designated as a pediatric trauma care service, identifies and establishes its scope of pediatric trauma care, including but not limited to:
  - (i) Criteria for admission of pediatric patients;
  - (ii) Written transfer guidelines and agreements for pediatric trauma patients requiring critical care services.

(7) A written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time.

(8) A trauma registry as required in WAC 246-976-430.

(9) A quality assurance program in accordance with WAC 246-976-880; and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

(10) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.